
A Pharmacological Gulf of Tonkin

The Myth of the Addicted Army in Vietnam and the Fear of a Junkie Veteran

Łukasz Kamiński

Psychopharmacology has fueled war and sustained soldiers in combat in remarkable ways. Although drug addiction among soldiers returning home from wars has been limited to a minimum of cases, sensationalized myths of large numbers of drug-addicted veterans who might present a threat to society upon their return have been disseminated in some notable instances. These myths have been used in efforts to enact both anti-drug regulations that apply to the military and anti-drug laws that apply to society.

Throughout the centuries, psychoactive substances have been used in war for two general purposes. First, drugs have been “prescribed” to soldiers by military authorities for improving fighting effectiveness. Stimulants (such as amphetamines and cocaine) have been issued by troops, prior to battle or during fighting, to enhance combat performance. These drugs—by improving stamina, empowering the body, increasing alertness, and boosting fighting spirit—have been significant force multipliers. Sedatives, such as alcohol, marijuana, and opiates, have been administered after the actual fighting to cure or prevent the effects of war from damaging soldiers’ psyches. Because combat trauma might make soldiers less fit for future fighting, downers helped calm their shattered nerves. Second, drugs have been self-prescribed by combatants. Men-at-arms have always taken various intoxicants recreationally, both stimulants and depressants. Although not officially approved, such unauthorized self-medication was often accepted so long as it did not affect combat effectiveness, unit cohesion, and troop morale.

The following examples illustrate how battlefield intoxicants have been both perennial and universal. In Greek civilization, opium was commonplace. In the *Odyssey*, Homer describes how grief over the loss of companions in the Trojan War was alleviated by *nepenthe*, or the “drink of oblivion”—a mixture of wine and opium.¹ The warriors of the Siberian tribes of Chukchi, Kamchadals, Khanty, Koryaks, and Yakuts traditionally used *Amanita muscaria*, a mushroom also known as “fly agaric,” which has both hallucinogenic and stimulating effects. Legends say that the people who consumed the fungus were fierce and brutal “mushroom warriors.” The use of *Amanita muscaria* in combat was not, however, limited to Siberia. During the war between Sweden and Norway in 1814, some Swedish soldiers got high on it and fought in “a raging madness, foaming at the mouth.”² From about the 1620s, the Rajputs, members of a Hindu warrior class, were regular opium eaters. Moderate use of opium in India was assumed to be essential for good combat.³ Conversely, in nineteenth-century China, the uncontrolled consumption of opium led to the deterioration of the armed forces. Approximately 70 percent of soldiers there were addicts. Thus the Chinese Army was unable to defend the country against the flow of opium in the Opium Wars of 1839–1842 and 1856–1860. To take another example, during the Anglo-Zulu War of 1879, the British were astonished by the bravery and fearlessness of the enemy. But traditional bellicosity apart, the Zulus had been fortified with herbal stimulants, mainly *dagga*, a South African variety of *Cannabis*.⁴ West African peoples, in turn, consumed mildly stimulating cola nuts, which contain caffeine and theobromine. Or take the case of the Andean tribes who chewed coca leaves, a mild stimulant that enhanced their combat performance. World War I brought cocaine, derived from coca leaves, to the frontline. Soldiers were not only issued the drug to enhance their performance but also took it recreationally to calm their nerves. Inevitably, the war left hundreds of thousands of veterans addicted to cocaine.

The drug of choice during World War II was amphetamines.⁵ The German blitzkrieg was significantly fueled by a methamphetamine “attack pill” called Pervitin. From 1939 to 1945, the Wehrmacht soldiers were issued 200 million meth pills. Great Britain, the United States, and Japan followed suit by providing amphetamines to their troops. It is estimated that British soldiers consumed 72 million Benzedrine tablets and that American troops used between 250 million and 500 million Benzedrine pills during the war. The Japanese Army regularly administered methamphetamine to its soldiers for the purpose of “boosting fighting spirit.” During the Korean War (1950–1953), the administration of dextroamphetamine (Dexedrine) to American troops became commonplace. Servicemen were also given amphetamine injections and had access to methamphetamine. Soldiers self-prescribed intoxicants, too. After soldiers discovered that heroin increases the

effects of amphetamine, they began injecting a mixture of the two drugs known as *speedballs*, though today the term is used to describe the mix of heroin and cocaine.⁶

What the majority of the aforementioned examples illustrate is that most of the effects of psychoactive substances, especially stimulants, have been highly desired for increasing military effectiveness. These substances have helped provide what every military organization has tried to achieve through training, in that stimulants enhanced performance, reduced stress, eliminated hunger, fueled courage, induced numbness, and boosted morale. Most important, many intoxicants and their cocktails produced the majority of these effects all at once. Because these drugs enable better training and better fighting, combatants have eagerly used them.

However, as history reveals, the military use of drugs has often led to substance dependency. And at times, politicians, mass media, and anti-drug activists have constructed an intimidating image of addicted returning soldiers as ferocious “others” who would spread narcotic epidemics and threaten the social order. This atmosphere of fear sometimes led to the rise of moral panics, which were often used instrumentally by policymakers in their efforts to enact national anti-narcotic measures.

Throughout American history, substance dependence and its associated dangers have been traditionally linked to the category of the *stranger*: a foreigner, an immigrant, or a member of an ethnic minority group. Drugs have been connected with a specific other. Thus a fear of opium smoking in the United States has been associated with Chinese immigrants. A fear of cocaine, which was used in the South by black workers who commonly used the drug to help themselves perform hard work in ports, at construction sites, and so forth, has been associated with black workers. A fear of marijuana brought by immigrants from Mexico has been associated with Mexican immigrants. In sum, American attitudes toward illegal drugs and the discourse on the threats the drugs pose to traditional white society have been shaped largely through the prism of the stranger.⁷

This chapter looks at one of the cases of “othering” through the creation of a moral panic over the issue of drugs: American soldiers who served in the Vietnam War were stigmatized as strangers for being excessive drug users. In the early 1970s, heroin was closely associated with a new type of other—a returning Vietnam soldier who was a junkie. The fear of addicted veterans was used by the Nixon administration to help justify launching a war on drugs in 1971. The construct of a junkie veteran, embodied as an “other” who poses a considerable threat to society, had been used before by other governments in their drives to enforce specific drug-control regimes. One such example is the “cocaine panic” generated by mass media and politicians in Great Britain during World War I. People assumed that cocaine used by British soldiers had been supplied by Germany, not only to harm the combat effectiveness of British troops but also to undermine the British Empire. A national

sense of fear led to the passing of the Defense of the Realm Act of 1916, which introduced anti-narcotics regulations in the army that were later extended to the entire nation under the Dangerous Drugs Act of 1920.

THE NARCOTIC "CONDITION" IN VIETNAM

The Vietnam War (1954–1975) is sometimes referred to as the first “pharmacological war” because the consumption of psychoactive substances by American military personnel reached alarming proportions. According to the Department of Defense (DOD), in 1968, as many as half of American men deployed in Vietnam took some kind of illicit drug. In 1970, this rate increased to 60 percent; in 1973, the year of the US withdrawal from the war, 70 percent of soldiers there used narcotics. In 1971, 50.9 percent smoked marijuana; 28.5 percent took hard narcotics, mostly heroin and opium; and 30.8 percent used psychedelic drugs.⁸ These disturbing statistics gave rise to the widespread premise that the majority of American servicemen in Indochina were habitual users.

Egil Krogh Jr. was President Richard Nixon’s liaison to the Bureau of Narcotics and Dangerous Drugs. On Krogh’s return from a fact-finding trip to Vietnam, he reported, “Mr. President, you don’t have a drug problem in Vietnam; you have a condition. Problems are things we can get right on and solve. Conditions we have to ameliorate as best we can. I don’t think we can solve this short of bringing everybody home.”⁹ Conditions cannot be tackled and resolved like problems; rather, they must be managed. This chapter will examine how this narcotic “condition” came about, explore the measures employed to treat it, and consider the consequences of “bringing everybody home” with the gradual American withdrawal from Vietnam.

DRUGS PRESCRIBED BY THE MILITARY

The history of massive pill popping by American troops dates back to World War II, when soldiers might have used as many as 500 million amphetamine pills.¹⁰ However, the regular prescription of uppers was authorized only during the Korean War, when the administration of dextroamphetamine became commonplace. Hence, to enhance soldiers’ wakefulness and performance in Vietnam, the military issued amphetamine stimulants, also known as *speed*. Elton Manzione, a member of a long-range reconnaissance platoon (known as a Lurp), revealed that “we had the best amphetamines available and they were supplied by the US government.” He also quoted a US Navy commando: “When I was a SEAL team member in Vietnam, the drugs were routinely consumed. They gave you a sense of bravado as well as keeping you awake.”¹¹ Pills were usually distributed to men leaving on

long-range reconnaissance missions and ambushes. The opening lines of *Dispatches*, the acclaimed book by Michael Herr, a war correspondent for *Esquire* magazine, bring this out superbly: "Going out at night the medics gave you pills. Dexedrine breath like dead snakes kept too long in a jar."¹²

Because amphetamines were issued, as one veteran put it, "like candies," with no attention given to recommended dose or frequency of administration, American troops consumed a massive amount of speed. In 1971, a report by the House Select Committee on Crime revealed that from 1966 to 1969, the US armed forces used 225 million tablets.¹³ Statistically, consumption averaged thirty or forty 5 mg Dexedrine pills per fighting man per year.¹⁴ A study revealed that 3.2 percent of soldiers arriving in Vietnam were heavy amphetamine users; after one year "in country," this rate increased to 5.2 percent.¹⁵ Further studies revealed that 7 percent of servicemen were heavy amphetamine abusers. In summary, the administration of drugs by the military contributed to the spread of the amphetamine habit.

Drugs were issued not only for boosting soldiers' performance but also to reduce the harmful impact of combat on their psyches. To prevent soldiers' mental breakdowns and suffering from war traumas, the DOD employed sedatives and neuroleptics. For the first time in military history, the prescription of potent antipsychotic drugs became routine. By and large, Vietnam was "the first war in which the forces of modern pharmacology were directed to empower the battlefield soldier."¹⁶

DRUGS SELF-PRESCRIBED BY SOLDIERS

What made Vietnam the first pharmacological war was not only the official administration of psychoactive substances but, most of all, the prevalence of self-medication by soldiers. The unauthorized use of drugs is often described in Vietnam War literature. Take, for example, Tim O'Brien's fictional story, "The Lives of the Dead": "Ted Lavender had a habit of popping four or five tranquilizers every morning. It was his way of coping, just dealing with the realities, and the drugs helped to ease him through the days."¹⁷ Michael Herr reported an account of a Lurp "who took his pills by the fistful, downs from the left pocket of his tiger suit and ups from the right, one to cut the trail for him and the other to send him down it."¹⁸ Such pharmacological cocktails of downers and uppers both calmed the soldiers and sharpened their senses.

Anything that would help mitigate the consequences of being in Vietnam could be taken for self-medication. Table 8.1 shows the most popular self-prescribed drugs. Alcohol was the most common intoxicant, followed by marijuana, opium, heroin, amphetamines, and barbiturates. Other popular drugs used by servicemen included morphine (popular among medics) and hallucinogens (mostly LSD).

TABLE 8.1. The most common drugs used by American servicemen in Vietnam*

| | <i>Percentage reporting use (%)</i> |
|--------------|-------------------------------------|
| Alcohol | 92 |
| Marijuana | 69 [†] |
| Opium | 38 |
| Heroin | 34 |
| Amphetamines | 25 |
| Barbiturates | 23 |

* Based on interviews, general sample = 451.

[†] Estimated.

Source: Robins, *The Vietnam Drug User Returns: Final Report*, 29.

Marijuana was the most common non-alcoholic drug. It was ridiculously cheap, as a carton of ready-made marijuana cigarettes could be purchased for five dollars or exchanged for a pack of American cigarettes. Marijuana was also easily available, as a military psychiatrist affirmed: "The drug is everywhere. All a person has to do to get the drug in any village hamlet or town is say the word *Khan Sa*."¹⁹ In short, Vietnam was a paradise of psychoactive substances, with almost any intoxicant available at one's fingertips.

ANTI-NARCOTIC MEASURES

At first, the army ignored the widespread use of marijuana in its ranks. In 1968, however, after a number of alarming media reports presented marijuana use as a plague that was debilitating American troops in Vietnam, action was taken. Educational programs were introduced in the forms of compulsory lectures, radio broadcasts, pamphlets, and so forth, informing troops of marijuana's harmful and habit-forming effects. When these efforts proved ineffective, the army undertook more penitentiary actions, which were also doomed to failure. In 1969, it was estimated that 30 percent of soldiers had smoked marijuana prior to their departures to Vietnam; after being deployed in Vietnam, 60 percent of men did so.²⁰ A DOD-commissioned survey revealed that in 1971, almost 51 percent of army personnel in Vietnam used marijuana.²¹ The army's more restrictive policy on marijuana had a serious unintended consequence: heroin use among soldiers quickly gained popularity. It was soon realized that marijuana, which would remain the more popular drug of choice, was not a problem at all.

Numerous laboratories in Vietnam produced cheap and powerful heroin of 94–98 percent purity in a smokable form known as *white snow*. These laboratories

flooded the country with the “white junk” to meet the rising demand of US troops.²² The remarkable purity of this heroin, which enabled its oral ingestion instead of intravenous application, made it an extremely attractive drug of choice among soldiers. They smoked it like cigarettes, mixed it with tobacco or marijuana, inhaled its heated fumes, or snorted it like cocaine.²³ Unlike marijuana, the use of odorless heroin was hard to detect without urine tests or blood samples. Some soldiers did not even bother to hide their habits, which were, at times, almost as common and ordinary as puffing cigarettes. Taking illicit drugs became so overt an activity that soldiers (dubbed GIs) engraved their Zippo lighters with sayings such as “Say Hi! If you’re high.”²⁴

Approximately 79 percent of all soldiers who tried any narcotic in Vietnam used heroin.²⁵ In the spring of 1971, military doctors estimated that 25,000 to 37,000 soldiers, or 10 percent to 15 percent of troops in Vietnam, were addicted to heroin. In some units, almost 20 percent of troops were addicted to the drug. Surveys and studies showed that 85 percent of all American servicemen in Vietnam had been offered heroin; of these servicemen, 35 percent tried heroin and 19 percent became habitual users.²⁶ In 1973, the DOD confirmed that about one third of soldiers used heroin and 20 percent became habitual users.²⁷ In the final stages of the war, the use of drugs was omnipresent; on some bases the problem was so severe that commanders allowed prostitutes to go to soldiers’ barracks, with the goal of deterring soldiers from going to downtown brothels where they usually got supplied with dope.²⁸

THE MYTH OF THE ADDICTED ARMY

The drug problem gave rise to the myth of a weak, degenerated, and addicted US Army in Vietnam. According to one widespread view, narcotics had made soldiers unfit for combat, hampered units’ fighting power, broken down military discipline, destroyed troops’ morale, and resulted in the collapse of the entire war effort. A popular myth of the “junkie army,” which was persistently reinforced by gloomy press reports and politicians’ public statements, implied that drugs and addiction were among the main reasons for the US inability to win the war.

Myriad hyperbole and false stories emerged about the use of intoxicants in Vietnam. Jeremy Kuzmarov traced the spuriousness of such stories and deconstructed “the myth of the addicted army”—the army that allegedly lacked a fighting spirit and combat effectiveness. The myth was propagated by John Steinbeck IV, the son of the famous writer, who upon his return from Vietnam, where he had served as a war correspondent, published an article titled “The Importance of Being Stoned in Vietnam” in the January 1968 issue of *Washingtonian Magazine*.

Kuzmarov noted that “by his own admission, Steinbeck overdramatized the nature of drug abuse in Vietnam for political purposes,” claiming, for example, that 75 percent of soldiers got high regularly.²⁹

Other media outlets quickly struck a similar tone and helped foster the myth to the extent that it reached an absurd and apocalyptic peak. A headline in *US News and World Report* read “Marijuana—the Other Enemy in Vietnam.” On May 24, 1971 *Newsweek* published a photo of a syringe hitting a soldier’s helmet.³⁰ In the same issue Stewart Alsop claimed that “the drug epidemic” was “horrifying... worse even than My Lai.”³¹ The columnist presented emotional and populist arguments strikingly similar to the myths peddled in Great Britain during the cocaine panic, when the *Times* of London hailed cocaine as a threat “more deadly than bullets,” not only to British soldiers on battlefronts but also to the British Empire.³² The cover of the July 5, 1971, issue of *Newsweek* featured an image of a civilian junkie shooting up heroin with the blazing headline “The Heroin Plague: What Can Be Done?” The lead story described the spread of addiction from “the back alleys of Long Binh and Saigon” to “Middle-American towns and neighborhoods.”³³ The authors went on to somehow demonstrate with exaggeration that “heroin has exploded on us like an atom bomb. Ten years ago, even three years ago, heroin was a loser’s drug, an aberration afflicting the blacks and long-haired minorities. Now all this has changed. Nice Jewish boys are coming out of the woodwork as well as Mormon kids, Japanese Americans and all other exemplars of hard-working middle-class ideals.”³⁴ The simile to Americans is neither as dark nor as grotesque as a non-native English speaker might think. The parallel was as inappropriate as a comparison sometimes drawn by antiwar activists between the My Lai massacre and Nazi atrocities.³⁵ Without commonsense limits, some media outlets inflated the problem of the so-called drug epidemic in the military so much that it was compared to medieval plagues. These hyperbolic analogies were accompanied by unreliable statistics equating substance use with abuse. Thus the category of “addict soldiers” usually encompassed those who merely tried drugs and never turned into habitual users. Antiwar activists used images of Nazi atrocities to link the United States with the perpetrators of the Holocaust, equating the soldiers at My Lai with storm troopers.

At the same time, some media outlets and politicians resorted to rhetoric that closely resembled the language of the World War I panic in Great Britain, when cocaine was perceived as a weapon used by the Germans to undermine the British war effort. Half a century later, heroin was seen as a vile weapon used by the communists to impair American forces in Vietnam. In November 1967, Walter Cronkite, then editor and host of the *CBS Evening News*, introduced a report by correspondent John Laurence with this comment: “The Communists are battling American troops not only with fire power, but with drugs.”³⁶

The myth of the addicted army, as Kuzmarov points out, turned “attention away from the escalation of American atrocities and the ravaging of the Vietnamese countryside.”³⁷ Long before Kuzmarov, however, Thomas Szasz, a prominent psychiatrist in the 1960s, disputed the myth of the addicted army and ridiculed notions that junkie veterans returning home posed a vital threat to public safety and national security. Szasz claimed that soldiers who abused drugs were being made scapegoats for the total fiasco of the American strategy in Vietnam and were being turned into national antiheroes of a “pharmacological Gulf of Tonkin.” He noted: “Like the Germans after World War I who claimed that their troops were stabbed in the back by pacifists and other ‘unpatriotic elements’ at home, we claim that our troops are being stabbed in the back by heroin and the pushers responsible for supplying it to them. As we de-escalate against the ‘Vietcong,’ we will escalate against heroin. No doubt we shall find it easier to control Americans who shoot heroin than Vietnamese who shoot Americans.”³⁸ As Szasz saw it, Nixon’s war on drugs was a curveball used to distract public attention from the US strategic failure in Vietnam.

Szasz was correct: the full story of drug use in Vietnam was far different from the popular view. A survey commissioned by the army revealed that even soldiers who were addicted to heroin could conduct their normal duties. Drug use was not necessarily an obstacle to fighting efficiency, and intoxication did not render troops inoperable.³⁹ Michael Herr described the January–July 1968 siege of Khe Sanh, during which GIs voluntarily stopped smoking marijuana simply because they did not want to risk their lives.⁴⁰ There is plenty of evidence of such self-disciplining behavior among troops. Soldiers usually reached for drugs when it was not too risky to get stoned; that is, when they were in the rear, after they had completed a mission, or when they were between patrols. They did not carelessly go into action intoxicated in defiance of their natural instincts for self-preservation. As noted social psychologist Lieutenant Colonel Larry H. Ingraham observed: “Soldiers are not fools. They know the dangers of working around heavy equipment or going into combat unable to function. Individuals who threaten the lives of others are oftentimes violently excluded from the combat group. In Vietnam, during 1970–71, there were performance problems which resulted from heroin *withdrawal*, but not from heroin addiction per se.”⁴¹ Less effective soldiering might be caused not so much by drug usage but by drug withdrawal and its poignant psychophysical symptoms. To sum up, contrary to the myth of an addicted army, drug use did not seriously interfere with combat performance.

THE OUTBREAK OF MORAL PANIC

By 1970, more reports of a dramatic rise in opiate consumption by troops in Vietnam were reaching the American public. On May 27, 1971, two US congressmen,

Morgan F. Murphy and Robert H. Steele, presented an influential report, "The World Heroin Problem," to the Foreign Affairs Committee of the US House of Representatives. In their report, it was estimated that 25,000 to 37,000 servicemen serving in Vietnam, or roughly 10 percent to 15 percent of the troops, were addicted to heroin. Although these figures approximated statistics gathered previously by military doctors, the public release of the figures in this report prompted a media frenzy and an atmosphere of moral panic.

Because this media coverage created general anxiety within US society, President Nixon felt obliged to make a firm response. In a special message to Congress on June 17, 1971, he stated that "public enemy number one in the United States is drug abuse" and announced measures for "a full-scale attack on the problem."⁴² The president declared a "War on Drugs." Nixon acknowledged that "while by no means a major part of the American narcotics problem, an especially disheartening aspect of that problem involves those of our men in Vietnam who have used drugs."⁴³

Apart from domestic policing and treatment programs, the core measures of Nixon's initial anti-drug abuse efforts were the screening of all servicemen returning from Indochina, their detoxification, and adequate drug and psychological treatment programs. This action was thought to be essential to prevent a narcotics epidemic from spreading across the United States. With the Vietnamization of the war and the gradual withdrawal of American troops from Vietnam, nearly 1,000 soldiers were returning to the United States every day. If one were to assume that up to 25 percent of these soldiers were heroin addicts, this number was considered a serious threat to American society. Preventive measures were therefore needed. It was feared that veterans would commit crimes to obtain the quantities of heroin they needed to bring on intoxicating effects similar to those they had experienced in Vietnam. The heroin that was available in the United States was not only much more expensive than that in Indochina but also much weaker and less pure. Nixon warned that "a habit which costs \$5 a day to maintain in Vietnam can cost \$100 a day to maintain in the United States, and those who continue to use heroin slip into the twilight world of crime, bad drugs, and all too often a premature death."⁴⁴ This was not only a gross exaggeration but also a harmful one. The president was frightening society not with a threat (a real danger) but with a risk (a probable danger). He presented the risk as if it were a threat. Thus the president was creating a fear of an addicted veteran returning home and endangering the orderly civilian world. A new "other" was created.

To thwart this risk, preventive actions were required to create a sort of *cordon sanitaire* (a barrier to stop the spread of disease). Nixon demanded swift action from Secretary of Defense Melvin R. Laird for the identification and detoxification of drug-using servicemen departing from Vietnam.⁴⁵ The military responded

promptly, and in mid-July 1971 the program, under the name Operation Golden Flow, was launched. The program required that all American servicemen submit to a compulsory urine test for the presence of heroin before leaving Vietnam. Only those who tested negative could return to the United States without delay. Those who tested positive had to undergo a compulsory five- or seven-day methadone detoxification. Soldiers who passed a second test were allowed to return to the United States, but those who tested positive twice in a row (approximately 1,000 to 2,000 cases a month) were processed for dishonorable discharges and then sent back home.⁴⁶ Such discharges often worsened these veterans' drug problems, as only 5 percent of those who needed professional assistance were given any medical treatment. According to a report by Jerome Jaffe, the director of the newly established Special Action Office for Drug Abuse Prevention (SAODAP), as many as 5.2 percent of soldiers tested positive for heroin through September 1971; in March 1972, the percentage of those who tested positive fell to less than 2 percent.⁴⁷ Overall, under Operation Golden Flow, only 4.5 percent of personnel tested positive. However, the urinalysis was not a credible indicator of drug abuse. The research carried out by Lee N. Robins of Washington University in St. Louis on a sample group of veterans proved that 3 percent of soldiers who tested positive claimed they had not taken heroin while 3 percent of those who tested negative admitted to using the drug.⁴⁸ One method of distorting results was to get heavily drunk before the urinalysis; another was to submit a sample of pure urine bought on a "black market for clean urine" that developed among soldiers. The rationale behind Operation Golden Flow was less to help addicted soldiers and more to clear the consciences of politicians and the military and to address an imagined and exaggerated national emergency.

A PAINFUL HOMECOMING AND OTHERING OF VETERANS

Following David Campbell's postmodern analysis of foreign policy, the myth of the addicted army can be perceived in the context of the formulation and implementation of US foreign policy. In the book *Writing Security*, Campbell demonstrates how national identity is continuously constructed by the perception of threat.⁴⁹ Foreign policy becomes a grand, nonobjective discourse on the dangers posed by aliens or others. As the title of his book implies, security is "written," meaning it is continuously constructed and created rather than grounded in objective, fixed, and unchangeable factors. The politicians and influence groups who shape public opinion choose some aspects of reality and describe them as dangerous threats to the state and to society's security. For Campbell, the aim of a national security strategy is, first and foremost, to define and uphold the identity of a state and its

nation. Identity is always relational—it is created by establishing borders between us and them (meaning an other or a stranger). The perception and interpretation of specific factors, groups, and phenomena, in terms of threats, help to highlight the hallmarks of a society and to reinforce feelings of belonging, identification, attachment, and solidarity.

When American soldiers are viewed from Campbell's perspective, they were returning from Vietnam and were othered by politicians and society. Because they were presented as excessive drug abusers, they were unjustly regarded as potential disturbers of the social order. Veterans were portrayed as threats to American identity as well as to society's security. The mass media and politicians sustained this atmosphere of fear, with President Nixon at the forefront. The comparison of drug addiction to a plague, to a fatal contagious disease that develops like a cancer, that debilitates armed forces and then invades homes and threatens our children, was a useful analogy for constructing the image of the hostile other and heightened a sense of insecurity. The use of metaphors of poison or disease has always been a common means of differentiating between us and them. Thus the boundary was drawn between normal, healthy Americans and unhealthy, filthy drug users.⁵⁰ A similar demarcation was also made between the forces of modernity and non-modernity.

Addiction is, by its nature, non-modern because it cuts an addict off from society and alienates him or her from the social and cultural mainstream of community activities.⁵¹ Addiction is a negation of modernity in that it turns users into economically unproductive and socially dysfunctional individuals. Substance abuse is also non-modern because it is irrational in the sense that by providing artificial and inauthentic pleasures, it detaches a person from reality. Pleasures derived from drugs go beyond the category of delight allowed by law and society. By depriving addicts of free will, drug addiction undermines the essence of individual freedom, which is one of the pillars of American identity. While modernity frees people from old social, mental, economic, and customary limitations, drugs enslave people in a novel and toxic way. Addiction can be seen as a force that destroys the fruits of modernity that give people a chance and a right to better their economic status and make self-improvements. Addiction degrades and consumes and can turn life into a painful experience, all of which conflicts with the American credo that praises pragmatism, efficiency, productivity, in-group solidarity, and individual freedom.

Looking upon the Vietnam veteran as the other, as a potential threat to American identity, contributed significantly to the development of a post-Vietnam syndrome. The service members who had risked their lives in defense of American values and identity, on their return home, were considered a severe challenge to Americanness. Homecoming is always a momentous experience, both for the returning soldiers and their society. Young people who had been called to serve in a hostile land and

who turned to drugs to stay sane and cope with the reality of war came to be portrayed as fearsome addicts. They were stigmatized and victimized by politicians, mass media, and society.

In his book *The Drugged Nation*, John Finlator, a former agent of the Federal Bureau of Narcotics, expressed a popular sentiment of the day—the fear of a narcotics plague that would flood America. He issued this warning in a hysterical tone: “The junkman has descended on us like the Vandals upon Rome . . . assaulting an unsuspecting and unprepared people.” Soldiers returning from Vietnam were “the Vandals” who endangered the very spirit of America—in effect, another Rome.⁵² It was feared, as President Nixon implied in June 1971, that junkie veterans would turn to something like Vandal violence, exacerbating domestic crime rates and spreading disorder.

Of course, the apocalyptic visions were not fulfilled. However, unlike the myth of addicted armed forces, the problem of drug abuse among veterans was not a fabrication. The drug use had been vastly exaggerated, and the image of a maladjusted, addicted vet persisted through the 1990s. This lingering image was largely a result of pop culture references, in movies in particular. For example, in *Born on the Fourth of July* (1989), the scale of addiction was depicted by showing vets doing drugs in the back of a veterans’ center. The US withdrawal from Vietnam did not mark the end of the narcotics problem because heroin arrived in the United States along with returning soldiers. Many people brought stashes of drugs with them; many had sent drugs home in advance of their returns. For example, one veteran confessed that a year before his date of return, he smuggled opiates in a stereo set he had sent to his father in the United States. Soldiers arranged special transfers of heroin from Vietnam, which they shared after returning home.⁵³ The Office of Veterans Action in New York estimated that in 1971, between 30,000 and 45,000 heroin-addicted Vietnam veterans lived in the city.⁵⁴

A survey of veterans who returned home in September 1971, commissioned by SAODAP and conducted by a team led by Lee N. Robins, revealed that the majority of interviewees were not habitual users of drugs. The results were startling: 43 percent of veterans reported the use of narcotics in Vietnam, but only 10 percent reported narcotics use after returning home (see table 8.2). The percentage of veterans reporting narcotic use since returning from Vietnam actually dropped below the percentage of those who reported any narcotic use *before* going to Vietnam. Many soldiers had quit by the time they left for home: 75 percent of those who had used narcotics before departing for Vietnam and continued to use them there quit before leaving for home, and 80 percent of soldiers who used drugs for the first time in Vietnam quit before returning home: “More than 60 percent of detected addicts stopped all narcotic use as they left Vietnam and did not resume it after their return to the United States.”⁵⁵

TABLE 8.2. Narcotic consumption by American soldiers in three time periods^a

| | <i>Since Return (%)</i> | <i>In Vietnam (%)</i> | <i>Before Vietnam (%)</i> |
|--|-------------------------|-----------------------|---------------------------|
| Any narcotic use | 10 | 43 | 11 |
| Any heroin use | 7 | 34 | 2 |
| Narcotics use more than weekly for a month or more | 4 | 27 | 1 |
| Addicted to narcotics at any period | 1 | 20 | < 0.5 |
| Urine positive for narcotics | 1 | 10.5 | — |

^a General interview sample = 451.

Source: Robins et al., "How Permanent Was Vietnam Drug Addiction," 39.

These findings were so astonishing and so severely undermined prevailing views on the topic that some commentators assumed that the survey results had been fabricated at the request of authorities. The truth, however, is that drug use in Vietnam was contextual—it resulted from extreme conditions and the nature of combat. When the factors and conditions that led soldiers to take drugs were no longer present, most of them gave up the habit. Another reason for a high rate of remission was that soldiers were averse to the intravenous application of heroin. If they wanted to continue "hitting the stuff," they would have to forget about smoking heroin and inject it instead. Operation Golden Flow also contributed to this effect because the threats of a delayed return home, dishonorable discharge and court-martial seemed to be effective deterrent measures for some soldiers.

Commenting on this paradoxical tendency in drug use, Richard Davenport-Hines wrote, "The fact that US servicemen had experimented with heroin as a result of alcohol and marijuana prohibition, voluntarily renounced its use[,] and did not relapse undermined most assumptions of US drug policy."⁵⁶ It also punctured the myth of the veteran as a dangerous other. An important conclusion that can be drawn from Robins's findings is that there was nothing exceptionally distressing about the homecoming "junkie soldiers" that the American public should have to fear.

CONCLUSION

Looking back, war not only favored the rise of drug consumption but at times was also a critical factor in the fostering of narcotic-control regulations. The othering of homecoming soldiers, who were depicted as dangerous junkies, was often decisive for the implementation of such regulations. Scapegoating soldiers, then, served political purposes.

What happened to Vietnam War veterans in this regard had its analogy in American history. Although the massive medical use of opiates during the Civil War left many veterans hooked on morphine and opium, it did not lead to a social problem of narcotism.⁵⁷ The notion of a “soldiers’ disease” or “army disease” (i.e., the opiates habit) exhausting veterans and their families appeared as late as the 1910s. This modern myth was constructed and used as a means to attract public support for the 1914 Harrison Act, which put most psychoactive substances under government control. This legislation became the basis of US drug policy until Nixon’s “War on Drugs” in the 1970s. The heated debate on the “soldiers’ disease” did not simply overlap coincidentally with the campaign for the Harrison Act. In 1915, Yale University professor Jeannette Marks warned: “Did you know that there is practically no old American family of Civil War reputation which has not had its addicts? Did you know that it was called ‘the army disease’ because of its prevalence? Did you know that with the war which now hangs over us, the drug evil will spring into a gigantism of even more terrible growth than the present?”⁵⁸ President Nixon spoke in a similar vein.

It was German philosopher and political theorist Carl Schmitt who introduced the modern meaning of the other, or stranger, as a description of the enemy. The enemy is someone who “intends to negate his opponent’s way of life,” so he “must be repulsed or fought.”⁵⁹ The veterans of both the Civil War and the Vietnam War were presented as others, not so much in Schmitt’s understanding as a political enemy. They were othered, rather, in terms of an imagined challenge to the social order, as a threat to a peaceable way of life.

NOTES

1. Homer, *The Odyssey*, 219–227, 127.
2. Wasson and Wasson, *Mushrooms, Russia, and History*, 192.
3. Courtwright, *Forces of Habit*, 140.
4. Kan, *Drugs and Contemporary Warfare*, 47.
5. See Rasmussen, *On Speed*, 53–85.
6. Rasmussen, *On Speed*, 53–85.
7. Musto, *The American Disease*, 5–8.
8. Lewy, *America in Vietnam*, 154.
9. Krogh, “Heroin Politics and Policy,” 40.
10. Rasmussen, *On Speed*, 84.
11. Quoted in Gray, *Postmodern War*, 209.
12. Herr, *Dispatches*, 5.
13. *US House Report 91-1807*, quoted in Iversen, *Speed, Ecstasy, Ritalin*, 72.

14. Rasmussen, *On Speed*, 190.
15. Rasmussen, *On Speed*, 191.
16. Grossman, *On Killing*, 270.
17. O'Brien, "The Lives of the Dead," 230.
18. Herr, *Dispatches*, 5.
19. Quoted in Kuzmarov, *Myth of the Addicted Army*, 17.
20. Dubberly, "Drugs and Drug Use," 180.
21. Lewy, *America in Vietnam*, 154.
22. Booth, *Opium: A History*, 270–271.
23. Baker, "US Army Heroin Abuse," 857; Davenport-Hines, *The Pursuit of Oblivion*, 423.
24. Quoted in Booth, *Opium: A History*, 272.
25. Robins et al., "How Permanent Was Vietnam Drug Addiction," 39.
26. Booth, *Opium: A History*, 272.
27. Buzzanco, *Vietnam and the Transformation of American Life*, 114.
28. Buzzanco, *Vietnam and the Transformation of American Life*, 114.
29. Kuzmarov, *Myth of the Addicted Army*, 4–5.
30. Weimer, "Drugs-as-a-Disease," 269.
31. Alsop, "Worse than My Lai," 108.
32. Quoted in Streatfeild, *Cocaine: An Unauthorized Biography*, 158.
33. Kuzmarov, *Myth of the Addicted Army*, 44.
34. Kuzmarov, *Myth of the Addicted Army*, 44.
35. Dove, "The Holocaust."
36. Quoted in Pach, "TV News," 460.
37. Kuzmarov, *Myth of the Addicted Army*, 189.
38. Quoted in Kuzmarov, *Myth of the Addicted Army*, 71.
39. Epstein, *Agency of Fear*, 181.
40. Herr, *Dispatches*, 181.
41. Ingraham, "Sense and Nonsense," 61.
42. Nixon, "Remarks about an Intensified Program"; Nixon, "Special Message"; original emphasis.
43. Nixon, "Special Message."
44. Nixon, "Special Message."
45. Musto and Korsmeyer, *Quest for Drug Control*, 98–99.
46. Brush, "Higher and Higher."
47. Baker, "US Army Heroin Abuse," 859; Jaffe, "One Bite of the Apple," 48.
48. Robins, *The Vietnam Drug User Returns*, 36.
49. Campbell, *Writing Security*.
50. Weimer, "Drugs-as-a-Disease," 266.

51. Weimer, "Drugs-as-a-Disease," 267.
52. Finlator, *Drugged Nation*, 8.
53. Vietnam veteran Yoshia Chee quoted in Mauer, *Strange Ground*, 364.
54. Mauer, *Strange Ground*, 364.
55. Robins et al., "How Permanent Was Vietnam Drug Addiction," 40.
56. Davenport-Hines, *The Pursuit of Oblivion*, 423.
57. Quinones, "Drug Abuse."
58. Marks, "Curse of Narcotism," 315.
59. Schmitt, *Concept of the Political*, 27.

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